2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # S27134** Mar 30, 2000 8:00 am Secretary of State TAHARI SUNRISE, INC. 03-30-2000 90026 047 ***150.00 Principal Place of Business Mailing Address 12801 W SUNRISE BLVD SAWGRASS MILLS #565 501 BROAD AVE. RIDGEFIELD NJ 07657-2329 SUNRISE FL 33323 631154 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0242147 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVERMAN, STUART M., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 415 5TH STREET W PALM BEACH FL 33401 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Addition TITLE TITLE COHEN, ITZHAK NAME NAME 40 KENNEDY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESSKILL NJ ☐ Change Addition ☐ Delete TITLE TAHARI, AVRAHAM NAME NAME 1141 BUCKINGHAM RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LEE NJ CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME TAHARI, ELIE NAME STREET ADDRESS 525 7TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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